



INFORMATIONAL SHEET  
FOR ESTABLISHMENT OF A CALIFORNIA CADET CORPS (CACC) UNIT



Schools or Districts interested in developing a CACC program must submit this form as soon as possible to their CACC Program Coordinator or send electronically to: [Recruiting@cacadets.org](mailto:Recruiting@cacadets.org). For more information, go to <https://cacadets.org/> or contact a CACC Program Coordinator at [Recruiting@cacadet.org](mailto:Recruiting@cacadet.org).

### INITIAL ELIGIBILITY SCREEN

**Instructions:** This page is for the **school to assess their ability to conduct the CACC program**, and for CACC to determine the effectiveness and viability of new program’s location. Schools should **fill this form to the best of their ability**; we realize some information will be speculation or “best guess;” **This is not a contract.**

#### Requirements

(All must be checked to be eligible)

- School is WASC Accredited (H.S. only)
- School does not have JROTC Program
- At least 25 Cadets Intended to start
- Classroom Available
- Storage Space Available

#### Competitive Attributes

- How many classes/sections of CACC will be conducted? \_\_\_\_\_
- Type of program:
  - Elective\_\_\_\_\_
  - PE\_\_\_\_\_
  - Before/Afterschool Program\_\_\_\_\_
  - Other (Explain) \_\_\_\_\_
- Will Cadets be volunteers or compelled to attend CACC classes? \_\_\_\_\_
- Name of feeder School\_\_\_\_\_
- Number of CACC programs at schools within District? \_\_\_\_\_
- On a scale of 1-10; 10 is best, what is the level of district support for the Program: \_\_\_\_\_
- Has the school identified a potential Commandant? YES\_\_\_\_\_ NO\_\_\_\_\_ MAYBE\_\_\_\_\_
- Does the potential commandant have current Basic Drill Credential? \_\_\_\_\_
- Does the potential commandant have prior military experience? \_\_\_\_\_  
Branch/ years Served: \_\_\_\_\_
- Other related commandant’s skill, experience, or credentials held: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Will the new commandant be given time to attend an eight-day Commandant training course, in January or July, at Camp San Luis Obispo? \_\_\_\_\_
- On a scale of 1-10; 10 being best, what is the level of community support for the program: \_\_\_\_\_



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This form is **non-binding**. This form allows the CACC to evaluate the proposal and plan for uniforms, equipment, and personnel to facilitate in the school's requested start date.

Basic Info

Name of school: \_\_\_\_\_

School grades: \_\_\_\_\_ School type: \_\_\_ Public \_\_\_ Charter \_\_\_ Private \_\_\_ Other

Address of school: \_\_\_\_\_

City \_\_\_\_\_, Zip \_\_\_\_\_ School Phone (\_\_\_\_) \_\_\_\_\_

Student enrollment (#): \_\_\_\_\_ ASC WASC Accreditation Code: \_\_\_\_\_

Principal/Site administrator's name: \_\_\_\_\_

Principal's phone: \_\_\_\_\_ Principal's email: \_\_\_\_\_

Additional administrator's name: \_\_\_\_\_

Goals

Program Priorities: \_\_\_ Mil. Discipline \_\_\_ College Prep \_\_\_ Vocational \_\_\_ Physical Ed.  
\_\_\_ Social/Citizenship \_\_\_ Other ( \_\_\_\_\_ )

What do you want the program to accomplish: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Requested Start Date:** \_\_\_\_\_ **Anticipated Cadet enrollment:** \_\_\_\_\_

Potential Commandant Name: \_\_\_\_\_

Email/phone: \_\_\_\_\_

**Please fill out the below *completely* before submitting**

Typed Name \_\_\_\_\_ Position \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_, 20\_\_\_\_ (must be filled out)